

09/786195

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
I.P.E. CLASSIFIER	no	45	3/17
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	dk		5/5/01

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                      I ..... Interference  
- (Through numeral)... Canceled                      A ..... Appeal  
+ ..... Restricted                      O ..... Objected

Claim	Date
Final	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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